



DIVISION OF DEVELOPMENTAL DISABILITIES
護理計劃覆查通知書
NOTIFICATION OF PLAN OF CARE REVIEW

日期

致：

事由：

尊敬的：

_____正在接受發展殘障處（DDD）另選計劃的_____服務。
為了保持享受這些服務的資格，必須每年制訂一個另選計劃的護理計劃。

現特通知您，上述當事人之另選計劃護理計劃（POC）須於_____之前予以覆查制訂。

☐我擬安排制訂護理計劃會議之時間

☐我已確定召開制訂護理計劃會議的日期為_____時間為_____。

制訂護理計劃會議，需要當事人，其家人以及/或任何法定代表人，以及與當事人的生活及服務有關之其他人員參加。為保證護理計劃制訂得準確完整，我們感謝您的參與。

請於接信後十（10）天之內 與我聯絡，以商定您是否能參加制訂護理計劃會議。

隨信附上發展殘障處另選計劃及其服務的資訊。如有問題或顧慮，請給我打電話。

謝謝您。

個案管理人員姓名

職務

電話號碼（包括地區號）

電子郵件地址

附件： 印有覆信地址之信封
另選計劃小冊子

抄致：當事人檔案

Instructions For Notification of Plan of Care (POC) Review

When do I use this form?

You use this forms to notify others of the upcoming POC meeting at least 60 days prior to the 365th day of the current POC. A POC is effective through the end of the month of the 365th day.

Do I use this form for to notify the client?

For a child under the age of 18 or an adult with a full legal guardian, you use this form to notify the parent/legal guardian/foster parent of the POC meeting

Adults age 18 and older with no or partial legal guardian (I.e. financial or medical only) are sent the Client Notification of POC.

How do I proceed if the legal guardian or parent of a minor child does not respond?

If you do not get a response within 15 day of mailing the letter, call the person.

If you cannot reach the person by phone or get no response to your phone messages, schedule the POC meeting and send this notice again with the POC meeting date and place (2nd check box in first paragraph of the letter.

Can I have the POC meeting without the legal representative?

If the person is in service and requires continued services, meet with whomever is available and draft a POC.

Send the draft POC to the legal representative with the Notification of POC Implementation, form # 10-309.